

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10684589 FILING DATE 10-15-03
 APPLICANT(S) _____

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		5				
7		0				
8		0				
9		0				
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50						
TOTAL IND.	1					
TOTAL DEP.	32					
TOTAL CLAIMS	33					
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